

# Summary of 2022 to 2023 Northwest Plan Changes

The following changes will be made to large group standard plan designs, effective at renewal or after January 1, 2023, unless stated otherwise.

## Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
<b>Chemical dependency (Oregon only)</b>	“Chemical dependency” terminology will be replaced with “substance use disorder” in all 2023 OR plan-related documents.	Alignment with more commonly used terminology. This is the same change made to the 2022 WA documents.
<b>Donor milk for infants (Washington only)</b>	Coverage of donor milk for inpatient use for infants will be added to the <i>Evidence of Coverage (EOC)</i> .	Benefit description to comply with E2SSB 5702.
<b>Grievances, Claims and Appeals</b>	Information about appeals will be enhanced to include that: <ul style="list-style-type: none"><li>• Members will receive a decision on an appeal concerning experimental or investigational determination within 20 days of our receipt of their request.</li><li>• Members have five business days to submit additional information for the IRO to consider when conducting an external review of the member’s appeal.</li></ul>	Clarification to align with how appeals are administered
<b>Insulin for treatment of diabetes</b>	The cost share cap for insulin for the treatment of diabetes will be reduced to \$35 for a 30-day supply, not subject to deductible.	Benefit enhancement to comply with WA SSB 5546.

		Kaiser Permanente is also applying this change in Oregon for consistency, member affordability, and to promote medication adherence.
<b>Lab, radiology, imaging, and special diagnostic procedures</b>	The <i>EOC</i> will be revised to address procedures that can be preventive or diagnostic, to ensure that coverage detail is in the appropriate benefit sections.	Benefit clarification.
<b>No Surprises Act and balance billing</b>	Plan documents will be modified to align with the federal No Surprises Act, including: <ul style="list-style-type: none"> <li>• Adding or revising definitions and benefit descriptions about emergency services and post-stabilization care services.</li> <li>• Clarifying that we will cover services provided by out-of-network providers at in-network facilities.</li> <li>• Incorporating a revised Consumer Notice about balance billing in our WA <i>EOC</i>'s.</li> </ul>	Benefit description to comply with Consolidated Appropriations Act of 2021, (HR 133, No Surprises Act) and applicable state laws.
<b>Preventive care</b>	We are updating our preventive care coverage policies, including: <ul style="list-style-type: none"> <li>• Coverage for breast milk storage supplies and equipment to support individuals with breastfeeding difficulties</li> <li>• Male condoms as an additional method for women to use for pregnancy prevention</li> <li>• Clarifying coverage for colonoscopies when performed after a positive noninvasive stool-based screening test or direct visualization screening test</li> </ul>	Revised HRSA guidelines.  HHS, DOL and Treasury FAQ Part 51.

	<ul style="list-style-type: none"> <li>• Coverage of venipuncture services for preventive lab screenings</li> <li>• Coverage of behavioral counseling interventions for adults with cardiovascular disease risk factors and type 2 diabetes</li> </ul>	Kaiser Permanente's national preventive care benefits package updates.
<b>Telemedicine (Washington only)</b>	Language will be added to the <i>EOC</i> section that describes telemedicine benefits, including the definition of an "established relationship" between a provider and member.	Enhanced benefit description to comply with ESHB 1821, and ESHB 1196 from the 2021 legislative session.

### Traditional health plans

Summary of changes	Reason for change
Dependent out-of-area (OOA) coverage: Naturopathic provider visits will be included in the services that a dependent may receive out of area from nonparticipating providers. These visits may be used toward a member's OOA coverage.	Benefit enhancement.
Kaiser Permanente at Home™ (KP@Home) is a patient-centered program that will be offered to provide hospital-level acute care and clinical services to members with certain diagnoses at home under the direction of Northwest Permanente physicians.	Benefit enhancement. When clinically appropriate, this benefit will provide an alternative to hospitalization. Members will have the option to be treated and receive support in the comfort of their own home.

### Deductible health plans

Summary of changes	Reason for change
Dependent out-of-area (OOA) coverage: Naturopathic provider visits will be included in the services that a dependent may receive out of area from nonparticipating providers. These visits may be used toward a member's OOA coverage.	Benefit enhancement.

<p>Kaiser Permanente at Home™ (KP@Home) is a patient-centered program that will be offered to provide hospital-level acute care and clinical services to members with certain diagnoses at home under the direction of Northwest Permanente physicians.</p>		<p>Benefit enhancement. When clinically appropriate, this benefit will provide an alternative to hospitalization. Members will have the option to be treated and receive support in the comfort of their own home.</p>
<ul style="list-style-type: none"> <li>• Ambulance will change to coinsurance after deductible.</li> <li>• Outpatient surgery will be offered at plan coinsurance.</li> <li>• Durable medical equipment benefits will be offered at plan coinsurance.</li> </ul>		<p>Benefit alignment on select plans for ambulance, outpatient surgery, and durable medical equipment benefits.</p>
Plans affected	Changed from	Changed to
<p><b>New Deductible Plans:</b> DED PLAN L 6000/35/20%/7500 DED PLAN M 7500/35/30%/8500</p>	<p>Plans not offered.</p>	<p>Two new plans offered.  Dual Choice PPO® plans are available to pair with these options.</p>
<p>DED PLAN A 250/10/10%/2000 DED PLAN A 250/15/20%/2500 DED PLAN B 500/10%/10%/2000 DED PLAN B 500/10/20%/2000 DED PLAN C 750/20/20%/3000 DED PLAN C 750/20%/20%/3000 DED PLAN D 1000/20/20%/3000 DED PLAN E 1500/20/30%/4000 DED PLAN E 1500/30%/30%/4000 DED PLAN G 2500/30/30%/5000</p>	<p>Ambulance:  20% coinsurance</p>	<p>Ambulance:  20% coinsurance after deductible</p>

DED PLAN G 2500/30%/30%/5000		
DED PLAN A 250/10/10%/2000 DED PLAN B 500/10/20%/2000 DED PLAN C 750/20/20%/3000 DED PLAN D 1000/20/20%/3000 DED PLAN E 1500/20/30%/4000 DED PLAN G 2500/30/30%/5000	Outpatient Surgery: Copay \$10 copay after deductible \$10 copay after deductible \$20 copay after deductible \$20 copay after deductible \$20 copay after deductible \$30 copay after deductible	Outpatient Surgery: Plan Coinsurance 10% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 30% coinsurance after deductible 30% coinsurance after deductible
DED PLAN A 250/10/10%/2000 DED PLAN B 500/10%/10%/2000 DED PLAN E 1500/20/30%/4000 DED PLAN E 1500/30%/30%/4000 DED PLAN G 2500/30/30%/5000 DED PLAN G 2500/30%/30%/5000	Durable Medical Equipment: 20% coinsurance after deductible	Durable Medical Equipment: 10% coinsurance after deductible 10% coinsurance after deductible 30% coinsurance after deductible 30% coinsurance after deductible 30% coinsurance after deductible 30% coinsurance after deductible

## High Deductible health plans

Summary of changes	Reason for change
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Dependent out-of-area (OOA) coverage: Naturopathic provider visits will be included in the services that a dependent may receive out of area from nonparticipating providers. These visits may be used toward a member's OOA coverage.	Benefit enhancement.	
Telemedicine Services: The Benefit Summary language will be revised to clarify that the member cost share for telemedical services received from nonparticipating providers is the same as if the member received the services in person.	Benefit clarification.	
<ul style="list-style-type: none"> <li>Two HDHP plans have been removed from the portfolio.</li> <li>Groups will be asked to migrate to new plans and/or accept changes.</li> </ul>	The IRS revised limits for minimum deductible and maximum out-of-pocket for HSA-compliant plans.	
<b>Plans affected</b>	<b>Changed from</b>	<b>Changed to</b>
HDHP PLAN D 2800/20%/5600 HDHP PLAN D 2800/30%/5600	Plans offered.	Plans no longer offered. Groups will move to the following respective plans:  <i>HDHP PLAN E 3000/20%/6000</i> <i>HDHP PLAN E 3000/30%/6000</i>

### Dual Choice PPO® health plans

Summary of changes	Reason for change
Kaiser Permanente at Home™ (KP@Home) is a patient-centered program that will be offered to provide hospital-level acute care and clinical services to members with certain diagnoses at home under the direction of Northwest Permanente physicians.  KP@home is not available for HDHP plans.	Benefit enhancement. When clinically appropriate, this benefit will provide an alternative to hospitalization. Members will have the option to be treated and receive support in the comfort of their own home.
Telemedicine Services: The Benefit Summary language will be revised to clarify that the member cost share for telemedical services received from out-of-network providers is the same as if the member received the services in person.	Benefit clarification.

<ul style="list-style-type: none"> <li>Ambulance will change to coinsurance after deductible.</li> <li>Outpatient surgery will be offered at plan coinsurance.</li> <li>Durable medical equipment benefits will be offered at plan coinsurance.</li> </ul>		Benefit alignment on select plans for ambulance, outpatient surgery, and durable medical equipment benefits.
<ul style="list-style-type: none"> <li>Two HDHP plans have been removed from the portfolio.</li> <li>Groups will be asked to migrate to new plans and/or accept changes.</li> </ul>		The IRS revised limits for minimum deductible and maximum out-of-pocket for HSA-compliant plans.
Plans affected	Changed from	Changed to
<p><b>New Deductible Plans:</b></p> <p>DUAL CHOICE PPO PLAN L 6000/35/20%/8000</p> <p>DUAL CHOICE PPO PLAN M 7500/35/30%/8500</p>	Plans not offered.	Two new plans offered.
<p>PPO PLAN A 250/10/10%/2500</p> <p>PPO PLAN A 250/15/20%/3000</p> <p>PPO PLAN B 500/10%/10%/3000</p> <p>PPO PLAN B 500/10/20%/3000</p> <p>PPO PLAN C 750/20%/20%/3500</p> <p>PPO PLAN D 1000/20/20%/4000</p> <p>PPO PLAN E 1500/20/30%/5000</p> <p>PPO PLAN E 1500/30%/30%/5000</p> <p>PPO PLAN G 2500/30%/30%/6000</p> <p>PPO PLAN G 2500/30/30%/6000</p>	Ambulance — PPO Network: 20% coinsurance	Ambulance — PPO Network: 20% coinsurance after deductible

<p>PPO PLAN A 250/10/10%/2500</p> <p>PPO PLAN B 500/10/20%/3000</p> <p>PPO PLAN C 750/20/20%/3500 (w/o SPLIT COPAYS)</p> <p>PPO PLAN E 1500/20/30%/5000</p> <p>PPO PLAN G 2500/30/30%/6000</p>	<p>Outpatient Surgery — PPO Network:</p> <p>\$10 copay after deductible</p> <p>\$10 copay after deductible</p> <p>\$20 copay after deductible</p> <p>\$20 copay after deductible</p> <p>\$30 copay after deductible</p>	<p>Outpatient Surgery — PPO Network:</p> <p>10% coinsurance after deductible</p> <p>20% coinsurance after deductible</p> <p>20% coinsurance after deductible</p> <p>30% coinsurance after deductible</p> <p>30% coinsurance after deductible</p>
<p>PPO PLAN A 250/10/10%/2500</p> <p>PPO PLAN B 500/10%/10%/3000</p> <p>PPO PLAN E 1500/20/30%/5000</p> <p>PPO PLAN E 1500/30%/30%/5000</p> <p>PPO PLAN G 2500/30%/30%/6000</p> <p>PPO PLAN G 2500/30/30%6000</p>	<p>Durable Medical Equipment — PPO Network:</p> <p>20% coinsurance after deductible</p>	<p>Durable Medical Equipment — PPO Network:</p> <p>10% coinsurance after deductible</p> <p>10% coinsurance after deductible</p> <p>30% coinsurance after deductible</p> <p>30% coinsurance after deductible</p> <p>30% coinsurance after deductible</p> <p>30% coinsurance after deductible</p>
<p>Plan name change made to all Dual Choice plans</p>	<p>Plan names do not include Dual Choice.</p> <p><i>Example:</i></p> <p><i>PPO PLAN D 1000/20/20%/4000</i></p>	<p>Plan names include Dual Choice.</p> <p><i>Example:</i></p> <p><i>DUAL CHOICE PPO PLAN D 1000/20/20%/4000</i></p>
<p>PPO HDHP PLAN D 2800/20%/5600</p> <p>PPO HDHP PLAN D</p>	<p>Plans offered.</p>	<p>Plans no longer offered. Groups will move to the following respective plans:</p> <p><i>DUAL CHOICE PPO HDHP PLAN E</i></p>



2800/30%/5600		3000/20%/6000 DUAL CHOICE PPO HDHP PLAN E 3000/30%/6000
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### Added Choice® point-of-service plans

Summary of changes		Reason for change
<p>Kaiser Permanente at Home™ (KP@Home) is a patient-centered program that will be offered to provide hospital-level acute care and clinical services to members with certain diagnoses at home under the direction of Northwest Permanente physicians.</p> <p>KP@home is not available for HDHP plans.</p>		Benefit enhancement. When clinically appropriate, this benefit will provide an alternative to hospitalization. Members will have the option to be treated and receive support in the comfort of their own home.
<p>Telemedicine Services: The Benefit Summary language will be revised to clarify that the member cost share for telemedical services received from out-of-network providers is the same as if the member received the services in person.</p>		Benefit clarification.
<p>The designation types, TRAD (traditional copay) and DED (deductible), will be removed from plan names.</p>		Alignment across Choice product plan names.
<p>Groups currently on these plans will be asked to move to a new Dual Choice PPO plan within one renewal cycle. Please discuss your group's transition needs with your Kaiser Permanente account manager.</p>		New Dual Choice PPO offering intended to replace Added Choice point-of-service plans.
<ul style="list-style-type: none"> <li>• Two HDHP plan deductibles will change.</li> <li>• Groups will be asked to accept changes.</li> </ul>		The IRS revised limits for minimum deductible for HSA-compliant plans.
Plans affected	Changed from	Changed to

All Added Choice POS traditional copay and deductible plan names.	Plan names include TRAD and DED. <i>Examples:</i> TRAD POS PLAN 70 15/750 POS DED PLAN DK 4000/30/20%/7350	Plan names do not include TRAD and DED. <i>Examples:</i> POS PLAN 70 15/750 POS PLAN DK 4000/30/20%/7350
POS HDHP EE 3000/10%/4000	PMG and Direct Contracts Tier: <ul style="list-style-type: none"> <li>\$2,800 IND DED</li> </ul>	PMG and Contracts Tier: <ul style="list-style-type: none"> <li>\$3,000 IND DED</li> </ul>
POS HDHP EE 3000/10%/6000 POS HDHP EE 3000/20%/6000	<u>Deductible (IND/FAM):</u> <ul style="list-style-type: none"> <li>\$2,800/\$5,600 PMG and direct contracts</li> <li>\$3,600/\$7,200 First Choice Health</li> <li>\$4,600/\$9,200 non-contracted</li> </ul> <u>Maximum out-of-pocket (IND/FAM):</u> <ul style="list-style-type: none"> <li>\$5,600/\$11,200 PMG and direct contracts</li> <li>\$6,200/\$12,400 First Choice Health</li> </ul>	<u>Deductible (IND/FAM):</u> <ul style="list-style-type: none"> <li>\$3,000/\$6,000 PMG and direct contracts</li> <li>\$4,000/\$8,000 First Choice Health</li> <li>\$5,000/\$10,000 non-contracted</li> </ul> <u>Maximum out-of-pocket (IND/FAM):</u> <ul style="list-style-type: none"> <li>\$6,000/\$12,000 PMG and direct contracts</li> <li>\$6,000/\$12,000 First Choice Health</li> </ul>

### Out-of-area PPO Plus® plans

Summary of changes	Reason for change
<p>Kaiser Permanente at Home™ (KP@Home) is a patient-centered program that will be offered to provide hospital-level acute care and clinical services to members with certain diagnoses at home under the direction of Northwest Permanente physicians.</p> <p>(Available only in Oregon PPO Plus plans)</p>	<p>Benefit enhancement. When clinically appropriate, this benefit will provide an alternative to hospitalization. Members will have the option to be treated and receive support in the comfort of their own home.</p>

Telemedicine Services: The Benefit Summary language will be revised to clarify that the member cost share for telemedical services received from out-of-network providers is the same as if the member received the services in person.		Benefit clarification.
Groups will be required to take the change in individual deductible.		The IRS revised limits for minimum deductible for HSA-compliant plans.
The designation type, DED (deductible), will be removed from plan name.		Alignment across Choice product plan names.
Plans affected	Changed from	Changed to
PPO PLUS HDHP EE PLAN WAT 3000/20%/4000	PMG and Direct Contracts Tier: <ul style="list-style-type: none"> <li>\$2,800 IND DED</li> </ul>	PMG and Direct Contracts Tier: <ul style="list-style-type: none"> <li>\$3,000 IND DED</li> </ul>
All PPO Plus deductible plan names	Plan names include DED. <i>Example:</i> <i>PPO PLUS DED PLAN WDP 1500/30%/6000</i>	Plan names do not include DED. <i>Example:</i> <i>PPO PLUS PLAN WDP 1500/30%/6000</i>

## Senior Advantage plans

Summary of changes
There are not any changes or clarifications that apply to the Senior Advantage plans.

## Dental benefit plan changes

Benefit	Summary of changes	Reason for change
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<p><b>Dental third-party administrator (TPA)</b></p>	<p>The TPA for dental benefits will change and any references to a specific TPA name in the <i>EOCs</i> will be removed.</p>	<p>Allows for more flexibility as we continue to optimize the dental customer service experience.</p>
<p><b>Emergent and urgent visit cost share</b></p>	<p>The additional \$25 cost share will no longer be charged when members have an emergency or urgent dental visit at a Kaiser Permanente dental office. Members will simply pay the applicable cost share for the dental services they receive and will not be charged additional amounts for an emergent or urgent visit.</p>	<p>Removing the financial barrier to dental care and improving market alignment.</p>
<p><b>PPO dental only</b></p>	<p>The benefit for amalgam and composite fillings will be enhanced from once per tooth every 36 months to once per tooth surface every 24 months.</p> <p>Either a complete full-mouth series or a panoramic X-ray will be covered by Kaiser Permanente once every 3 years.</p>	<p>Benefit enhancement.</p> <p>Clarifying benefit coverage for dental X-rays.</p>